1 HUL	MA SE			and Trademark Office	PTO/SB/22 (08-03 use through 7/31/2006. OMB 0651-003 e; U.S. DEPARTMENT OF COMMERC						
SHENT & TR	Under the Paperwork Reduction Act of 199			Docket No	less if displays a valid OMB control numbe Output (Optional) 559662000101						
		In re Applica	ation of Bruce J. I	ROSER							
AC 14 C 10004 0	IRETAI 00000170 031952 09888734	Application	Number	Filed	Filed						
	110.00 DA		09/888,734		June 25, 2001						
01 FC:1251	110000 2	For: DRI	N COMPRISING								
		Art Unit	1651	Examiner	F. C. Prats						
	This is a request under the provisions identified application.	of 37 CFR 1.	136(a) to extend the p	period for filing a	reply in the above						
	The requested extension and appropriate non-small-entity fee are as follows (check time period desired):										
	X One month (37 CFR 1.17	\$	110.00								
	Two months (37 CFR 1.1	\$									
	Three months (37 CFR 1.	17(a)(3))		\$							
	Four months (37 CFR 1.1	7(a)(4))		. \$							
	Five months (37 CFR 1.1)	\$									
'n	Applicant claims small entity state reduced by one-half, and the re			the fee amoun	it shown above is						
	A check in the amount of the fe	-		<u> </u>							
•	Payment by credit card. Form PTO-2038 is attached.										
	The Director has already been authorized to charge fees in this application to a Deposit Account.										
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952										
	Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.										
	I am the applicant/inventor.				e e						
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
	attorney or agent of record. Registration Number										
	attorney or agent under 37 CFR 1.34(a).										
	Registration number	er if acting unde	er 37 CFR 1.34(a)	29,959							
	June 9, 2004	H. Min	artigi								
	Date (959) 730 5443	Signature 0									
	(858) 720-5112 Telephone Number	Kate H. Murashige Typed or printed name									
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below										
	Total of 1	forms are sub	mitted.								

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Under the Paperwork Reduction Act of 1995, no persons are	e require	ed to res	pond to	a collec	tion of inform	lemark Office nation unless	s it display	s a valid ON	/IB control n
FEE TRANSMITTAL		Complete if Known							
FEE IRANSIVIII IAL	•	Application Number			er	09/888,734			
for FY 2004	Filing Date			June 25, 2001					
	First Named Inventor			Bruce J. ROSER					
Effective 10/01/2003, Patent fees are subject to annual revision.	Examiner Name			F. C. Prats					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			1651				
OTAL AMOUNT OF PAYMENT (\$) 110.00		Attorney Docket No.			$\overline{}$	559662000101			
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METHOD OF PAYMENT (check all that apply)	₩			FEE	CALCUL	ATION (co	ntinued)		
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ame Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge - sheet,	- late provisi	onal filing f	ee or cover	
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FEE CALCULATION	1251	110	2251	55		or reply within	n first mont	th .	110.00
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1 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension fo	or reply within	n fifth mont	th	
2 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Ap	opeal			
3 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brie	f in support o	of an appea	al	
4 770 2004 385 Reissue filing fee	1403		2403		•	oral hearing			
5 160 2005 80 Provisional filing fee	1451	•	1451	-		nstitute a pub	•	ceeding	
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2 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a sub	mission after			
1 86 2201 43 Independent claims in excess of 3	1040	770	2012	205	(37 CFR 1.1 For each ad	129(a)) Iditional inve	ntion to be		
3 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined (3	37CFR 1.129	(b))		
4 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		-	Continued E			
5 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	of a design	expedited ex application	xamination		
and over original patent	Other	fee (spe	cify)						
SUBTOTAL (2) (\$) 0.00	*Redu	uced by I	Basic Fi	iling Fee	Paid	SUBTO	TAL (3)	(\$)	110.00
r number previously paid, if greater; For Reissues, see above	<u> </u>					<u> </u>	•		
MITTED BY						(Complete	(if applicat	ole))	
ne (Print/Type) Kate H. Murashige		ration No ey/Agent)		,959		Telephone	(858) 7	20-5112	
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